Concerning the quantitative relations of urobilin, a 0.007 per cent. solution gives a very black absorption-band, and even a 0.003 per cent. solution a tolerably marked one. On the addition of zinc chloride to this latter solution (made alkaline) it becomes intensely rose-red, with marked green fluorescence. In a solution of this same strength made up with urine the urobilin can be shown both with the spectroscope and with zinc chloride. The stools may give an albumose reaction that is due to the content of urobilin.

The question as to whether other urinary pigments give such albumose reactions can be answered in the negative. Many urines with large urobilin content do not give the biuret reaction, probably because of the covering of the color by other pigments. Error is likely to arise only where the urine contains urobilin in quantities large enough to give a marked band in the spectrum. To detect albumose in the presence of urobilin it would seem that one had only to precipitate the urobilin with lead acetate and to test the filtrate for albumose. Unfortunately, the albumose may be carried down in the precipitate, and, if present in small amount, may escape detection. The same objection holds for such methods as decolorizing with charcoal and shaking out the acidulated urine with amyl alcohol.

As a rule, the author thinks it is best to precipitate at once with phosphomolybdic acid, because it is simpler, and small quantities of albumose are less likely to be overlooked.

A Case of Autochthonous Amœbic Dysentery.—JOSEF SARGO (*Wiener klin. Wochenschr.*, 1897, No. 18). There is no unanimity of opinion concerning the *rôle* of amœbæ in dysentery. Although it is not likely that dysentery will ever be proved to be a single disease, still much is to be hoped for from the new culture-methods. The various ways to account for the different forms by assuming different species of amœbæ or mixed amœbic and bacterial infections have none of them been established. The present case is of interest because of the rarity of sporadic dysentery in this latitude (Vienna) and on account of the results of inoculation.

Patient, male, aged twenty-seven years; no clear history of drinking foul water. The disease, which began with diarrhœa, followed by tenesmus and finally bloody stools, had lasted nine months when the patient first came under observation. Patient had lost weight, but had no disease in his other organs. Stools were frequent, mixed blood and mucus; they contained no pus. Amœbæ, containing vacuoles, red blood-corpuscles, and bacteria were found in large numbers. The patient recovered entirely in two months under irrigations of tannin and quinine.

The fresh stools injected into a cat caused bloody, amœba-containing stools, with temporary loss of weight. After the amœbæ disappeared from the stools, which, however, remained bloody, a second cat was inoculated from the first. This animal promptly got a bloody diarrhœa, but without loss of weight. The autopsies, four months and one and one-half months after the inoculations, showed the chief change to be in the lower part of the small intestine, where there was an enteritis, with involvement of the lymph-apparatus and swelling of the glands. There were ulcers with steep walls and much bloody, bile-stained mucus. No amœbæ. The part played by the amœbæ in the diarrhœas of the animals is not clear. The diarrhœa of the second cat could not have been amœbic. These experiments do not point strongly to an amœbic cause for the dysentery of the patient. The ascending character of the disease in the small intestine may explain the intractable nature of the affection in man. In conclusion, the author suggests that heretofore a mistake has been made in killing experimental animals too early.

Chronic Diphtheria.—It is well known that diphtheria-bacilli may exist in the throat for months after an attack, and that they may occur in the healthy pharynx. Cases of chronic exudate are, however, much less common, and F. JENSEN (*Centralbl. f. innere Med.*, 1897, No. 19) reports the following: a nineteen-year-old servant-girl became ill with general symptoms and an ulcer on the right half of the soft palate, in the secretion of which virulent Loeffler's bacilli were found. During the next five months there continued to be an exudate in the pharynx in which virulent diphtheria-bacilli could always be demonstrated. The bacilli were characteristically influenced by the Behring serum, while it had no effect on the exudate. The best local results were given by a simple gargle of salt water. The blood-serum of the patient protected twenty times more than normal serum against injections of Loeffler's bacilli. The absence of symptoms of general intoxication during the greater part of the time was perhaps explained by the infiltration of the mucous membrane of the pharynx preventing absorption.

The Excretion of Uric Acid in Acute Pneumonia.—DUNIN and NOWACZEK (*Zeitschr. f. klin. Med.*, 1897, Bd. xxxii.). The authors review the theories that have been held concerning the origin of uric acid, and discuss at some length the process by which Horbaczewski arrives at his view that the uric acid is derived from the leucocytes and that it varies in amount with the number of leucocytes. This theory should allow of clinical demonstration. The authors began their work with the idea of proving clinically the correctness of Horbaczewski's claim. Pneumonia was chosen as affording the best opportunity, on account of the great hyperleucocytosis and the rapid absorption of the leucocyte containing exudate. Experiments were made upon five cases. In each the uric acid was estimated every day by the method of Haycroft, which has been shown to give results corresponding very nearly with those of the Salkowski method. The results show plainly that the uric acid is markedly increased during the absorption of the exudate. The uric acid began to increase the day before the crisis; the amount rose for two to four days, then fell slowly to normal in from three to four days more—a striking corroboration of the view of Horbaczewski.

Absorption from the Bladder.—MORRO and GAEBELEIN (*Zeitschr. f. klin. Med.*, Bd. xxxii.). Notwithstanding the work done on this subject, the results are contradictory, mostly due to faulty methods. Generally the experiments go to show that solutions of KI are absorbed. By inference this is true of other drugs. As regards the absorption of the normal constituents of the urine conclusions vary still more, Kaul claiming that they are and Treskin that they are not absorbed. The author's experiments were made upon dogs; the abdomen was opened and the ureters tied. The bladder was washed out and the carefully controlled solution injected. Later